

AED CONNECTIONS

Monthly Newsletter for Master's Degree Scholars

West Bank & Gaza
March 2003



Dear Reader,

AED West Bank and Gaza is administering a new USAID-funded program, the Higher Education Support Initiative. Known as HESI, the program focuses on strengthening local institutions while at the same time insuring that participants in the Master's Degree Scholarship Program finish their academic programs in the US and return home.

In order to assist returned scholars with finding a job and with facilitating a smooth re-entry transition, AED publishes this newsletter every month. It features articles that AED staff, returned scholars, and participants write.

Beginning with the January 2003 issue, each newsletter will focus on a specific theme. This issue looks at public health: Wasim Al-Habil takes a look at disability issues; Shakher Qandeel has written about Total Quality Management, and Maher Elbayoumi considers the effects of indoor pollution on children. Please give us your feedback on this and every issue.

Sincerely,
Elaine Strite
Chief of Party

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Public Health: Theme of the Month

Public health is a multi-disciplinary study that addresses the health needs and concerns of the population. Its cross-sectional fields include environmental and clinical health, law and legislation, epidemiology, statistics, demography and health education and awareness, among others. Gender equality, equity and empowerment of women are also key and fundamental cross-cutting issues in public health.

In the occupied Palestinian territories, public health priorities are a result of the usual problems facing a lesser-developed nation--communicable disease, high infant/child mortality rates, and environmental pollution. These problems combine with those diseases plaguing industrialized countries including coronary heart disease, diabetes and the astounding prevalence of cancer in recent years. One of the most debilitating factors for improved public health policy and planning, however, remains the lack of reliable data and information in order to determine the appropriate interventions. With the Intifada and the ensuing political crisis, the occupied Palestinian territories have been propelled into an on-going state of emergency that further limits the ability of public health professionals, practitioners and administrators to deliver the necessary services to the population.

Nonetheless, a number of clear developmental priorities can be identified while catering to the emergency needs of Palestinians during the crisis period. These include the following:

- ensuring access to health care, especially primary health care, immunization and obstetric/ delivery care for pregnant women.
- water and sanitation: ensuring clean and safe drinking water; collection and disposal of garbage and waste materials.
- collection and dissemination of reliable data on health, demography and other public health issues to governmental and

non-governmental agencies for appropriate actions, interventions and policy development/change.

- preventive measures and awareness, including health issues such as HIV/AIDS, and gender-based violence,
- psychosocial health, especially for youth, women and young children as a result of post-traumatic stress and gender inequity, and
- rehabilitation and other special education needs

For each of the areas above, issues of quality control and appropriate management should be adequately addressed through training of personnel and technical assistance. The monitoring and evaluation of interventions and allocation of sufficient funds to meet these needs must be considered for any real impact to be seen.

Information in this article was provided by Laila Baker, MPH (Cardiff University) and reflects the views and opinions of the author. Laila works with the United Nations Population Fund (UNFPA) as a National Programme Officer.

IT Certification

The Higher Education Support Initiative (HESI) will provide approximately 200 IT professionals with professional certification commensurate with market needs. The short-term training component of HESI will be implemented over a period of two years, covering 2003 and 2004, with follow on in 2005.

Local certified trainers will provide the training, which, pending final confirmation, plans to cover Microsoft, Oracle, Cisco, Novell, and Java programs as well as training-of-trainers and IT project management.

AED will recruit participants working in the IT industry and students who wish to enhance their skills and advance their training and certification. AED will also target certified professionals in outlying towns to train them as trainers with the aim of reaching out to Palestinians living outside big towns and cities.

Local Scholarship Program (LSP)

AED Field Offices are ringing in the New Year with good news for the winners of the Local Scholarships. A total of 380 students--300 from universities and 80 from colleges and technical institutes--will receive full-tuition scholarships, beginning in the Winter 2003 semester. The scholarship, which can be granted and renewed for up to two semesters for college and technical institute students, and up to four semesters for those at universities, is awarded to academically gifted students who demonstrate financial need and a commitment to community service. In the event that a recipient is unable to utilize the award, alternates will be chosen in their stead. It is worth mentioning that women were awarded more than 56% of the total awards.



AED Gaza staff meeting with students who have been awarded HESI scholarships.

Looking for a Job?

Please, send your resume to:

aedgaza@palnet.com and we will post it on our website.



Birzeit University students who have been awarded a Local Scholarship under HESI

Survival of Total Quality Management (TQM) in the Health Care Field

by Sakher Qandeel

Total Quality Management (TQM) is a comprehensive process that needs a lot of teamwork in any organization. Accordingly, it depends a lot on people and mechanisms in leading those people. Importantly, outcomes of this process determine the quality and effectiveness of health care services. Therefore, many of us question the survival of TQM and its ability to perform in the health care field. I believe that TQM will survive as it succeeded already in other fields such as business. However, its success in the coming future will determine its survival in healthcare system. Moreover, methods that will be used will have a critical impact on TQM functionality. Many elements should be taken under consideration when assessing TQM.

First, TQM should be assessed on short-term problem solving. As a long-term process, results in the public health field may not be noticed in the short-term. Therefore, the more results noticed by staff and customers through short-term assessment will recruit more support for the long-term plan. Likely, the longer one waits, the more opportunity TQM has to realize its effect on the health care system.

Second, training employees in the methods of evaluation is very important for the TQM process. Staff training courses in interpersonal skills and quality improvement in health services will contribute positively and effectively to their performance when implementing the TQM plan in the health care system. More importantly, their involvement in setting up the plan along with top management is a significant role. An employee suggestion system and meetings with managers will have a positive impact on employees' performance and create an atmosphere of responsibility as a motivation. As TQM is a group process, its success in any health care entity depends heavily on relations between top management and staff. Therefore, a clear vision of the plan shared by the whole team will secure success and promote functionality on the long-term plan. Evaluation and

assessment of the plan should concentrate on quality of health services improvement rather than people. Usually, goal achievement in health plans takes a very long time. Therefore, a reward system must be implemented to motivate the team for better performance. As long as the TQM theory concentrates on people, it has to do a lot with behavior. Therefore, a reward system will provide a lasting motivation necessary for a successful health care services plan. Competition to accomplish more rewards will enrich work environment. However, this competition should be guided through the accessibility and effectiveness of services.

Third, TQM is a learning process and its positive outcome depends on errors. The more errors you make, the more you learn how to avoid them in the future. TQM will give the opportunity to repeat this circle until it reaches maximum benefits. As a long-term plan, the outcomes come with time and as staff go through this process, they will be able to minimize errors. This will enable continuous improvements, which will promote TQM implementation as a learning process. However, this theory can only be applied to technical errors not, human ones. As the health care system deals with humans, critical errors should be avoided through a plan that guarantees a high level of personnel performance. Accordingly, this continuous process will help in the survival of TQM, if implemented correctly the health care field. What is more important are the people who implement it. If they have the belief in TQM as a long-term plan, they should have the willingness to work on long-term outcomes. Otherwise, they will be disappointed and want something to blame; TQM will be the victim.

Finally, I believe that TQM has a better chance to survive in the health care field in the future if it is implemented through cooperation among people in the work environment. As it relates to human behaviors and their way of thinking, it will have a good chance to survive because humans naturally look for better services and working situations.

Sakher Qandeel is a Clinton Scholar who is studying for a Master's of Public Health at the Tulane University.

Disability: Reality & Challenge

By Wasim Al-Habil

Disabilities have become commonplace in Palestinian society. The number of disabled people increased significantly during the seven years of the First Intifada, from 1987 to 1993, and now as a result of the Second Intifada, that number is still increasing. Disability is defined as a physical or mental impairment that “substantially limits one or more of the major life activities, which include functions such as walking, seeing, hearing, speaking, learning, caring for oneself, and working.”¹

Ideals of fairness and justice should guide the management of Palestinian organizations concerned with regulating the health and fitness of the workforce. We should resolve issues through a combination of financial, managerial, and political considerations. All organizations should avoid depriving a person of employment because of his/her disability since doing this simply means denying that person the means of earning a living, the opportunity for self-fulfillment, and the chance to contribute fully to society. Organizations should embrace the principle that “healthy people are less expensive and more productive than sick people.”² Therefore, the organization should adopt and apply a clear, legal disability policy that can create a healthy, happy and productive environment for everyone, abled and disabled alike.

Palestinians should be committed to a disability policy in our society, which protects the rights of disabled employees in the workforce. The aim of this policy is: (1) to provide an obvious and comprehensive national mandate for the elimination of discrimination against disabled people; (2) to provide clear, consistent and strong criteria and procedures addressing discrimination against the

disabled; and (3) to ensure that the government has an important and major role in enforcing standards stated in the legislation on behalf of the disabled.

Moreover, every organization must provide reasonable accommodation for two reasons. First, reasonable accommodation constitutes a significant form of health intervention. Early accommodation policy can encourage the disabled employees to be healthier and more productive for a longer period of time. Second, reasonable accommodations help the organization to comply with both the letter and the spirit of human rights. Three types of reasonable accommodation can be suggested: (1) physical or structural changes, such as modifying buildings and car parks to ensure wheelchair accessibility; (2) job modifications, such as acquiring assisted technology devices, using flextime schedules, removing marginal tasks from the job description, changing jobs, or filling new vacancies; and finally (3) modifications of selection and training materials and processes, such as changing the size of print on examinations or using special readers.¹

This is an outline of a disability policy that could be followed and implemented in our organizations, to improve the lives of disabled persons in our community.

References

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Volunteers Needed

The United Nations Volunteer Program or UNV is looking for committed, reliable, English-speaking graduates, who are eager to be agents of change in Palestinian society. Volunteers work in positions in public or semi-public agencies and are paid \$ 870/month plus benefits. They must commit to a minimum of six months, but can work for a year with the possibility of extending for a second year. For more information, please contact Mrs. Diana Nammour at UNDP: tel. 02/626-8258, Fax: 02/626-8222. Her Email address is:

Diana.nammour@undp.org

. Educate Yourself .

Indoor Pollution and Our Children

by Maher Elbayoumi

We live in a world where everyone faces different kinds of risks which affect our health as we go about our day-to-day life. Driving cars, walking in the street, engaging in recreational activities and being exposed to environmental pollutants all pose varying degrees of risk. Some risks are simply unavoidable. Some we choose to accept because we have no choice, but others we might decide to avoid if we had the opportunity to make informed choices. Indoor air pollution is one risk that you can do something about.

During the last decade, “growing scientific evidence has indicated that the air within homes and other buildings can be more seriously polluted than the outdoor air.”¹ Other research indicates that “people spend approximately 90 percent of their time indoors in homes and offices.”² Health effects from indoor air pollutants may be experienced soon after exposure or, possibly, years later. Immediate effects may show up after a single exposure or repeated exposures. These include “irritation of the eyes, nose, and throat, headaches, dizziness, and fatigue.”³ Such immediate effects are usually short-term and treatable. Sometimes the treatment is simply eliminating the person's exposure to the source of the pollution, if it can be identified. Symptoms of some diseases, including “asthma, hypersensitivity pneumonitis, and humidifier fever, may also show up soon after exposure to some indoor air pollutants.”⁴ Other health effects may show up either years after exposure has occurred or only after long or repeated periods of exposure. These effects, which include some “respiratory diseases, heart disease, and cancer, can be severely debilitating or fatal.”⁵

For many people exposure to indoor air pollution is more dangerous than exposure to outdoor pollution. In addition, people who may be exposed to indoor air pollutants for the longest periods of time are often those most susceptible to the effects of indoor air pollution like infants and children because of their biological sensitivity and exploratory behavior, which make them particularly vulnerable to environmental exposures.

First of all, “our children’s biological sensitivity . . . places them at special risk for harm from indoor toxic exposure.”¹ Because children are growing, developing organisms, their metabolic reactions are not as developed as those of adults and their ability to detoxify and excrete toxins differs from that of adults. Also children go through several stages of development: fetal, newborn, infant, school age, and adolescent. During each stage of development they are exposed to new windows of vulnerability that may result in long-term or acute health problems. For example, according to the American Lung Association, an infant's lung capacities are still increasing, making them especially vulnerable to the effects of environmental tobacco smoke. Also children’s respiratory rate is more rapid than an adult’s, which means they are exposed to more air and air pollutants than an adult.⁶

In addition to biological sensitivity, children’s exploratory behaviors make them more vulnerable to the indoor pollutants than any one of us. Children spend their days exploring their world through touch, taste, and movement. These behaviors expose them to a greater risk than adults. According to the Environmental Protection Agency infants and toddlers put their fingers or objects they find in their mouths which create a wide window for exposure to such toxicants as lead in paint dust or chips and to pesticide residues.⁷ Moreover they spend much of their time at a level lower than that of adults, crawling on the ground where household chemicals, pesticides, and other environmental toxins accumulate.

During their life, children are exposed to many indoor pollutants, including asbestos, mercury, arsenic, ozone, radon, tobacco smoke, lead and many chemicals that are considered toxic and dangerous.”⁸ For example, the most common source of indoor radon is *uranium* in the soil or rock from which homes are built. “As uranium naturally breaks down, it releases radon gas which is a colorless, odorless, radioactive gas. The predominant health effect associated with exposure to elevated levels of radon is lung cancer.”⁹ The second example of these pollutants is *environmental tobacco smoke (ETS)*. ETS is the mixture of smoke that comes from the burning end of a cigarette, pipe, or cigar, and smoke exhaled by the smoker. It is a complex mixture of over 4,000 compounds, more than 40 of which are known to cause cancer in humans or animals and many of which are

strong irritants.^{1&10} Infants and young children whose parents smoke in their presence are at increased risk of lower respiratory tract infections (pneumonia and bronchitis) and are more likely to have symptoms of respiratory irritation like coughing, excess phlegm, and wheezing.¹¹

Other pollutants are found in household products. Organic chemicals are widely used as ingredients in household products. Paints, varnishes, and wax all contain organic solvents, as do many cleaning, disinfecting, cosmetic, degreasing, and hobby products. Fuels are also made up of organic chemicals. "All of these products can release organic compounds while you are using them, and, to some degree, when they are stored."³ The health effects of household chemicals are "eye and respiratory tract irritation, headaches, dizziness, visual disorders, and memory impairment."¹² In addition to the previous pollutants, pesticide is the most common pollutant inside our homes. According to a recent survey, 75 percent of U.S. households used at least one pesticide product indoors during the past year. Another study suggests that 80 percent of most people's exposure to pesticides occurs indoors and that measurable levels of up to a dozen pesticides have been found in the air inside homes.⁷ In 1990, the American Association of Poison Control Centers reported that some 79,000 children were involved in common household pesticide poisonings or exposures.¹³ The health effects from pesticides are "headaches, dizziness, muscle twitching, weakness, tingling sensations, and nausea."³

Indoor pollution is a risk at home, and it causes many health problems such as asthma and cancer among our children, but we have the ability to eliminate the threat by decreasing our children's exposure to these pollutants.

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12. Environmental protection agency. www.epa.gov/iaq/voc.html
13. American Association of Poison Control Center. www.aapcc.org/annual%20reports/90report/90report.pdf

Clinton Scholars are invited to contribute knowledge from their fields of study in *Connections*. Articles should be one page or less and must be stated in the author's own words. Please send your article to Jamileh Abed or Wasim Al-Habil at the following email addresses: Jamileh@aed.palnet.com or Wasim@aedgaza.palnet.com AED reserves the right to abridge the articles as necessary.

Updates on Clinton Scholar Alumni through March 2003

Mohamed Said, May 2001
Master of Business Administration,
Colorado State University
Central Elections Commission,
Ramallah

Adel Hazboun, May 2002
Master of Business Administration,
University of Indianapolis
Finishing degree, Bethlehem
University, West Bank

Laila El-Haddad, May 2002
Master of Public Policy
Harvard University (JFK School of
Government)
Looking for a job, Gaza

Rabi Al-Tatari, May 2002
Master of Business Administration
Colorado State University
Looking for a job, West Bank

Wasim Al-Habil, May 2002
Master of Public Administration,
University of Arkansas
AED/Gaza Field Office,
Academic Counselor

Amjad Al-Rabi, July 2002
Master of Arts in Economics
University of Connecticut
Instructor at College of Administrative
& Financial Sciences Department,
Arab American University in Jenin

Ammar Al-Dwaik, July 2002
LLM in Law and Government
American University (Washington
College of Law)
Central Elections Commission,
Ramallah

Ghada Qadan, December 2002
Master of Business Administration
Western Michigan University

Looking for a job, Gaza
Baha'eddin Al-Bakri, July 2002
LLM in International Legal Studies
American University (Washington
College of Law)
Research Assistant to the head of the
Islamic Appeals Court, West
Jerusalem (part time)

Ramadan El-Khatib, July 2002
Master of Science in Civil Engineering
Colorado State University
Dar Al-Handasah Office, Gaza
Consulting Engineering Assistant

Saeed Salem, December 2002
Master of Information Technology
Rensselaer Polytechnic Institute
Lecturer in the Electrical & Computer
Engineering Department, Islamic
University in Gaza

Wijdan Jaber, December 2002
Master of Public Administration
Monterey Institute of International
Studies
Administrative Assistant, UN Human
Rights Commission, Gaza

Tawfik Al-Hourani, December 2002
Master of Public Administration
University of Pittsburgh
Palestinian Civil Aviation Authority,
Gaza

Said Awadallah, December 2002
Master of Public Health
Tulane University
Looking for a job, West Bank

Samer Hamidi, December 2002
Master of Public Health
Tulane University
Practical Training, New Orleans

Mahmmoud El-Neirab, December
2002
Master of Public Administration
American University
Minister's Office for Negotiation
Affairs, Gaza

Abdellatief Kamhieh, December 2002
Master of Urban & Regional Planning
University of Florida
Practical Training, Gainesville

Thaer Haj-Ahmed, December 2002
Master of Urban & Regional Planning
University of Buffalo
Looking for a job, West Bank

Mahmmoud Abu Draz, December
2002
Master of Science in Human Genetics
Tulane University
Practical Training, New Orleans

Yara Salem, December 2002
Master of Arts in Commercial
Diplomacy
Monterey Institute of International
Studies
Ministry of Trade, West Bank

Noha Nijim, December 2002
Master of Arts in Applied Economics
Western Michigan University
Finishing degree, American University
in Cairo

Mohanned Al-Rayyes, December 2002
Master of Science in Water Resource
University of Arizona
Looking for a job, Gaza

Osama Abueita, December 2002
Master of Public Health
Tulane University
Practical Training, New Orleans

Congratulations to Ramadan El-Khatib for his marriage February 28, 2003.

Attention Returned Clinton Scholars

AED has rescheduled the reception in your honor for late spring 2003. We will confirm date, time, and place, in *Connections* so please watch for an announcement.